

4/12/12 (5)

TOWN OF ACTON
472 Main Street
Acton, Massachusetts, 01720
Telephone (978) 264-9612
Fax (978) 264-9630

Steven L. Ledoux
Town Manager

April 5, 2012

The Acton Beacon:
Atten: Jeanie

Please place the following Legal **Notice** in the Thursday, April 12, 2012 edition of the Acton Beacon in the Legal Section. *Please send bill to:*

Martha Ludlum
5 Strawberry Hill Road
Acton, MA 01720
978-263-3325

Very truly yours,

Christine M. Joyce
Town Manager's Office

Please confirm receipt to: Christine cjoyce@acton-ma.gov

Notice is hereby given under Chapter 138 of the General Laws, that the Board of Selectmen will hold a hearing in the Francis Faulkner Room in the Acton Town Hall on April 23, 2012 at 7:50 p.m. on the application of To Be Determined, Inc. d/b/a Sprigs Restaurant and Bar, Martha Ludlum, Manager, for a 7 day from a 6 day, All Alcoholic Restaurant License at 5 Strawberry Hill Road, Acton, MA 01720.

Application is on file in the Selectmen's Office and may be viewed during normal working hours.

ACTON BOARD OF SELECTMEN

{blankabc.Doc.}



TOWN OF ACTON
472 Main Street
Acton, Massachusetts, 01720
Telephone (978) 929-6611
Fax (978) 929-6350

Steven L. Ledoux
Town Manager

April 6, 2012

Martha Ludlum
5 Strawberry Hill Road
Sprigs Restaurant

Dear Ms. Ludlum

Enclosed please find a copy of advertisements to appear in the Acton Beacon on Thursday, April 12, 2012, at your expense.

The ABCC requires the time and date of such hearing for an increase of days from 6 to 7 of an All Alcoholic Liquor license be placed in the local newspaper and notification of Abutters. Your hearing is scheduled for April 23, 2012 at 7:50 p.m. in Room 204 of the Acton Town Hall. If you have any questions prior to that date, please feel free to call me at 929-6611

Very truly yours,

Christine M. Joyce
Town Manager's Office

cc: File
{blankabc.Doc.}

April 5, 2012

TO: Police, Fire, BOH

FROM: Manager's Office

**SUBJECT: Sprigs moving from a 6 Day license to 7 Day
license at 5 Strawberry Hill Road**

**Please comment, this is merely to increase days from 6 to 7 on
their Liquor License**

Christine Joyce

From: Frank Widmayer
Sent: Friday, April 06, 2012 10:24 AM
To: Christine Joyce
Subject: RE: Sprigs

I have no objection to the license extension as requested and recommend that the Board of Selectmen approve this change.

Frank J. Widmayer III
Chief of Police
978-263-2911

From: Christine Joyce
Sent: Friday, April 06, 2012 10:23 AM
To: Frank Widmayer; Kevin Lyons; Sheryl Ball
Subject: Sprigs

Comments please

Christine Joyce

From: Kevin Lyons
Sent: Friday, April 06, 2012 11:45 AM
To: Christine Joyce; Frank Widmayer; Sheryl Ball
Subject: RE: Sprigs

Christine,

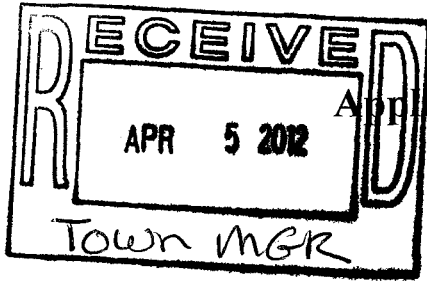
I don't see that this proposal will have an impact on the Fire Department; therefore, my comment is neutral.

Regards,

Kevin

From: Christine Joyce
Sent: Friday, April 06, 2012 10:23 AM
To: Frank Widmayer; Kevin Lyons; Sheryl Ball
Subject: Sprigs

Comments please



Application for Retail Alcoholic Beverage License

City/Town

Acton

1. Licensee Information:

Legal Name/Entity of Applicant:(e.g Corporation, LLC, Individual) To Be Determined, Inc.

Business Name (if different): Sprigs Restaurant and Bar

Manager of Record: Martha Ludlum (nee Servey)

ABCC License Number (for existing licenses only): 0006000 14

Address of Licensed Premises: 5 Strawberry Hill Road

CITY/TOWN: Acton

STATE MA

ZIP 01720

Business Phone: 978 263 3325

Cell Phone: 978 335 4691

Email: martha@sprigsrestaurant.com

Website: sprigsrestaurant.com

2. Transaction:

- ☐ New License ☐ New Officer/Director ☐ Transfer of Stock ☐ Issuance of Stock
☐ Transfer of License ☐ New Stockholder ☐ Management/Operating Agreement

The following transactions must be processed as new licenses:

- ☐ Seasonal to Annual ☒ 6-Day to 7-Day License ☐ Wine & Malt to All Alcohol

IMPORTANT ATTACHMENTS: The applicant must attach a vote of the entity authorizing all requested transactions, including the appointment of a Manager of Record or principal representative.

3. Type of License:

- ☒ \$12 Restaurant ☐ \$12 Hotel ☐ \$12 Club ☐ \$12 Veterans Club
☐ \$12 General On-Premise ☐ \$12 Tavern (No Sundays) ☐ \$15 Package Store

4. License Category:

- ☒ All Alcoholic Beverages ☐ Wine & Malt Beverages Only ☐ Wine or Malt Only
☐ Wine & Malt Beverages with Cordials/Liqueurs Permit

5. License Class:

- ☒ Annual ☐ Seasonal

6. Contact Person concerning this application (attorney if applicable)

NAME: Martha Ludlum

ADDRESS: 631 Massachusetts Avenue

CITY/TOWN: Acton STATE MA ZIP CODE 01720

CONTACT PHONE NUMBER: 978 263 3325 FAX NUMBER:

EMAIL: martha@sprigsrestaurant.com

7. Description of Premises:

Please provide a complete description of the premises to be licensed. The description should include the location of all entrances and exits.

single story building with two entrances and four exits. The kitchen has an entrance/exit door. There is the main entrance/exit to the restaurant, used by guests. There is an additional door which does not open from the outside, but is marked by exit signs and has a panic bar. This door is not able to be locked in a manner to prevent exit at any time. The basement has a bulkhead which is only able to be opened from inside.

IMPORTANT ATTACHMENTS: The applicant must attach a floor plan with dimensions and square footage for each floor & room.

Occupancy Number: 90 Seating Capacity: 60

8. Occupancy of Premises:

By what right does the applicant have possession and/or legal occupancy of the premises? Final Lease

IMPORTANT ATTACHMENTS: The applicant must submit a copy of the final lease or documents evidencing a legal right to occupy the premises.

Other:

Landlord is a(n): Individual Other

Name Claude Miquel Phone: 978 621 5425

Address: 16 Wampus Avenue City/Town: Acton State MA Zip 01720

Initial Lease Term: Beginning Date 6/26/2008 Ending Date 6/28/2021

Renewal Term: none specified Options/Extensions at Years Each

Rent: per year Rent: \$3,350.00 per month

Do the terms of the lease or other arrangement require payments to the Landlord based on a percentage of the alcohol sales?
Yes ☐ No ☒

IMPORTANT ATTACHMENTS: If yes, the Landlord is deemed a person or entity with a financial or beneficial interest in this license. Each individual with an ownership interest in the Landlord must be disclosed in §10 and must submit a completed Personal Information Form attached to this application. Entity formation documents for the Landlord entity must accompany the application to confirm the individuals disclosed.

9. Licensee Structure:

The Applicant is a(n):

Corporation

Other :

If the applicant is a Corporation or LLC, complete the following:

State of Incorporation/Organization: Massachusetts

Date of Incorporation/Organization: February 2008

Is the Corporation publicly traded? Yes ☐ No ☒**10. Interests in this License:**

List all individuals involved in the entity (e.g. corporate stockholders, directors, officers and LLC members and managers) and any person or entity with a direct or indirect, beneficial or financial interest in this license (e.g. landlord with a percentage rent based on alcohol sales).

IMPORTANT ATTACHMENTS: All individuals or entities listed below are required to complete a Personal Information Form.

Name	Title	Stock or % Owned	Other Beneficial Interest
Martha Ludlum	President	100%	

If additional space is needed, please use last page.*11. Existing Interests in Other Licenses:**

Does any individual listed in §10 have any direct or indirect, beneficial or financial interest in any other license to sell alcoholic beverages? Yes ☐ No ☒ If yes, list said interest below:

Name	License Type	Licensee Name & Address
	Please Select	
	Please Select	
	Please Select	
	Please Select	
	Please Select	
	Please Select	
	Please Select	

***If additional space is needed, please use last page.**

12. Previously Held Interests in Other Licenses:

Has any individual listed in §10 who has a direct or indirect beneficial interest in this license ever held a direct or indirect, beneficial or financial interest in a license to sell alcoholic beverages, which is not presently held? Yes ☐ No ☒ **If yes, list said interest below:**

Name	Licensee Name & Address	Date	Reason Terminated
			Please Select
			Please Select
			Please Select

13. Disclosure of License Disciplinary Action:

Have any of the disclosed licenses to sell alcoholic beverages listed in §11 and/or §12 ever been suspended, revoked or cancelled? Yes ☐ No ☒ **If yes, list said interest below:**

Date	License	Reason of Suspension, Revocation or Cancellation

14. Criminal Record:

Has any individual listed in §10 or who has a direct or indirect beneficial interest in this license ever been convicted of a municipal, state, federal or military crime? Yes ☐ No ☒

If yes, the individual must provide an affidavit as to any and all charges as well as the disposition.

15. Citizenship and Residency Requirements for a (§15) Package Store License ONLY:

1. Are all Directors/LLC Managers U.S. Citizens? Yes ☐ No ☐
2. Are a majority of Directors/LLC Managers Massachusetts Residents? Yes ☐ No ☐
3. Is the License Manager or Principal Representative a U.S. Citizen? Yes ☐ No ☐
4. Are all members and partners involved at least twenty-one years old? Yes ☐ No ☐

16. Citizenship and Residency Requirements for (§12) Restaurant, Hotel, Club, General On Premise, Tavern, Veterans Club License ONLY:

1. Are all Directors/LLC Managers U.S. Citizens? Yes ☒ No ☐
2. Are a majority of Directors/LLC Managers Massachusetts Residents? Yes ☒ No ☐
3. Is the License Manager or Principal Representative a U.S. Citizen? Yes ☒ No ☐

17. Costs Associated with License Transaction:

A. Purchase Price for Real Property:	
B. Purchase Price for Business Assets:	\$120,000.00
C. Costs of Renovations/Construction:	
D. Initial Start-Up Costs:	
E. Purchase Price for Inventory:	\$16,215.23
F. Other: (Specify)	
G: TOTAL COST	\$136,215.23
H. TOTAL CASH	\$136,215.23
I. TOTAL AMOUNT FINANCED	\$0.00

IMPORTANT ATTACHMENTS: Submit any and all records, documents and affidavits including loan agreements that explain the source(s) of money for this transaction. Sources of cash should include a minimum of three (3) months of bank statements.

The amounts listed in subsections (H) and (I) must total the amount reflected in (G).

18. Provide a detailed explanation of the form(s) and source(s) of funding for the costs identified in §17 (include loans, mortgages, lines of credit, notes, personal funds, gifts):

Business was purchased and paid for 100% on June 25, 2008

*If additional space is needed, please use last page.

19. List each lender and loan amount(s) from which "total amount financed" noted in subsections 17(I) will derive:

Name	Dollar Amount	Type of Financing

*If additional space is needed, please use last page.

Does any individual or entity listed in §19 as a source of financing have a direct or indirect, beneficial or financial interest in this license or any other license(s) granted under Chapter 138? Yes ☐ No ☐

If yes, please describe:

20. Pledge: (i.e. collateral for a loan)

Is the applicant seeking approval to pledge the license?

☐ Yes ☒ No

If yes, describe terms and conditions and to whom:

If a corporation, is the applicant seeking approval to pledge any of the corporate stock?

☐ Yes ☒ No

If yes, to whom:

Number of Shares

Is the applicant pledging the inventory? ☐ Yes ☒ No

If yes, to whom:

IMPORTANT ATTACHMENTS: If you are applying for a pledge, submit the pledge agreement, the promissory note and a vote of the Corporation/LLC approving the pledge.

21. Construction of Premise

Are the premises being remodeled, redecorated or constructed in any way? If YES, please provide a description of the work being performed on the premises: ☐ Yes ☒ No

**If all the information is not completed the
application may be returned**

The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

Manager Application

All proposed managers are required to complete a Personal Information Form, and attach a copy of the corporate vote authorizing this action and appointing a manager.

1. Licensee Information:

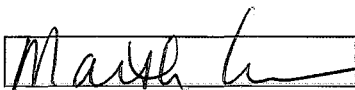
Legal Name of Licensee:	To Be Determined, Inc.	Business Name (d/b/a)	Sprigs Restaurant and Bar
Address:	5 Strawberry Hill Road		
City/Town	Acton	State	MA
		Zip Code	01720
ABCC License Number: (If existing licensee)	006 000 14	Phone Number of Premise	978 263 3325

2. Manager Information:

Name:	Martha Ludlum	Cell Phone Number:	978 335 4691
Are you a U.S. Citizen:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Court and Date of Naturalization:	
(Submit proof of citizenship and/or naturalization such as Voter's Certificate, Birth Certificate or Naturalization Papers)			
List the number of hours per week you will spend on the licensed premises:	60-70 (all hours of operation plus some)		
Have you ever been charged or convicted of a state, federal or military crime?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
If yes, attach an affidavit as to all charges and disposition.			
Do you now, or have you ever, held any direct or indirect, beneficial or financial interest in a license to sell alcoholic beverages?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
If yes, please describe:	owner of To Be Determined, Inc. dba Sprigs		
Have you ever been the Manager of Record of a license to sell alcoholic beverages that has been suspended, revoked or cancelled?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
If yes, please describe:			
Have you ever been the Manager of Record of a license that was issued by this Commission?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
If yes, please describe:	existing license for To Be Determined, Inc.		
Please list your employment for the past ten years (Dates, Position, Employer, Address and Telephone):			
Sprigs Restaurant, 6/2008 - Present. For additional information, see last page			
<small>*If additional space is needed, please use the last page*</small>			

I hereby swear under the pains and penalties of perjury that the information I have provided in this application is true and accurate:

Signature



Date

March 22, 2012

Additional Space

Please note which question you are using this space for.

Previous employment: 2004 - 2008, Claquer du Bec, Inc. dba Number 5 Strawberry Hill, 5 Strawberry Hill Road, Acton, MA 01720 (I bought the business now known as To Be Determined, Inc., dba Sprigs Restaurant and Bar, from my previous employer.)

2002 - 2008, Jayman, Inc. dba Crossroads Cafe, 405 Nagog Park, Acton, MA 01720

APPLICANT'S STATEMENT

I, Martha Ludlum the: ☐ sole proprietor; ☐ partner; ☒ corporate principal; ☐ LLC/LLP member
of To Be Determined, Inc., hereby submit this application for a seven day all beverage license (hereinafter the
"Application"), to the local licensing authority (the "LLA") and the Alcoholic Beverages Control Commission (the
"ABCC" and together with the LLA collectively the "Licensing Authorities") for approval.

I do hereby declare under the pains and penalties of perjury that I have personal knowledge of the information submitted in the Application, and as such affirm that all statement and representations therein are true to the best of my knowledge and belief. I further submit the following to be true and accurate:

- (1) I understand that each representation in this Application is material to the Licensing Authorities' decision on the Application and that the Licensing Authorities will rely on each and every answer in the Application and accompanying documents in reaching its decision;
- (2) I state that the location and description of the proposed licensed premises does not violate any requirement of the ABCC or other state law or local ordinances;
- (3) I understand that while the Application is pending, I must notify the Licensing Authorities of any change in the information submitted therein. I understand that failure to give such notice to the Licensing Authorities may result in disapproval of the Application;
- (4) I understand that upon approval of the Application, I must notify the Licensing Authorities of any change in the Application information as approved by the Licensing Authorities. I understand that failure to give such notice to the Licensing Authorities may result in sanctions including revocation of any license for which this Application is submitted;
- (5) I understand that the licensee will be bound by the statements and representations made in the Application, including, but not limited to the identity of persons with an ownership or financial interest in the license;
- (6) I understand that all statements and representations made become conditions of the license;
- (7) I understand that any physical alterations to or changes to the size of, the area used for the sale, delivery, storage, or consumption of alcoholic beverages, must be reported to the Licensing Authorities and may require the prior approval of the Licensing Authorities;
- (8) I understand that the licensee's failure to operate the licensed premises in accordance with the statements and representations made in the Application may result in sanctions, including the revocation of any license for which the Application was submitted; and
- (9) I understand that any false statement or misrepresentation will constitute cause for disapproval of the Application or sanctions including revocation of any license for which this Application is submitted.

Signature:

Martha Ludlum

Date

April 5, 2012

Title

President

CERTIFICATE OF CORPORATE VOTE

This document certifies that on April 1, 2012 at 11:00 a.m., a special meeting of the Board of Directors of To Be Determined, Inc. dba Sprigs Restaurant and Bar, Inc., was held at the Corporation's offices at 5 Strawberry Hill Road, Acton, Massachusetts. All members of the Corporation's board of directors being present and voting, it was unanimously voted to submit to the Town of Acton and the ABCC of Massachusetts a request for a change of our liquor license from 6 days to 7 days.

VOTED: Martha Ludlum

Martha Ludlum, President

A TRUE COPY

ATTEST: Martha Ludlum
Martha Ludlum, Secretary/Clerk